



**Residential Habilitation  
Standards**  
*Effective December 2007*

## **Introduction**

The Vision of the South Carolina Department of Disabilities and Special Needs is: To provide the best in services to assist persons with disabilities and their families in South Carolina.

Our Mission is to: Assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals, and minimize the occurrence and reduce the severity of disabilities through prevention.

The Department values:

- The health, safety and well-being of each person
- Dignity and respect for each person
- Individual and family participation
- Choice, control and responsibility
- Relationships with family, friends and community connections
- Personal growth and accomplishments

Effective providers of Residential Habilitation Services structure their systems of services and supports to ensure that people who receive services experience these values throughout the daily fabric of their lives.

Residential Habilitation services demonstrate due regard for the health, safety and well being of each person when they:

- Meet or exceed applicable federal, state and local fire, health and safety regulations, policies and procedures.
- Carefully consider each person's vulnerability to abuse, neglect or exploitation and regularly review the effectiveness of efforts to provide appropriate protection.
- Regularly review each person's health status and ensure that health care is comprehensive and ongoing.
- Develop creative ways to meet health and safety needs while recognizing the importance of the values of relationships, participation, choice, empowerment, responsibility and control.

Dignity and respect

Participation, choice, control and responsibility

Despite the presence of disabilities, people retain the same human, civil and constitutional rights as any citizen. People receiving Residential Habilitation Services rely on their services for support and encouragement to grow and develop, to gain

autonomy, become self-governing and pursue their own interests and goals. Effective Residential Habilitation programs take positive steps to protect and promote the dignity, privacy, legal rights, autonomy and individuality of each person who receives services.

Respectful service providers carefully listen to what each individual expresses, using creative methods if necessary, to learn about their desires, plans and preferences.

### Community connections

#### Relationships with family and friends

People should be present in the community and actively participate using the same resources and doing the same activities as other citizens.

Residential Habilitation Services promote inclusion when they:

- Support people to live in residential areas which are convenient to a range of places to shop, bank, eat, worship, learn, make friends and participate in community life.
- Support people to use available transportation to get where they need and want to go.
- Support and encourage people to participate in a variety of activities and to try new places and activities outside their homes and service settings.
- Support and encourage people to meet others, participate with other members of the community (not just paid staff) in shared activities and join associations of interest that offer membership.
- Support and encourage people to give back to the community in meaningful ways through volunteer opportunities.

### Relationships

Friends and family offer people essential support and protection. They provide continuity throughout life, act as a safety net, and open the way to new opportunities and experiences.

Many people with developmental disabilities rely on Residential Habilitation Services for assistance in maintaining relationships with family and friends. Some also need help to meet new people and make new friends.

Residential programs support relationships when they:

- Identify the people who are important to each person who receives services and provide them with assistance to re-establish or maintain contact with them.

- Recognize that family members are very important to some people and work to negotiate any conflicts that arise between the program and family members in ways that protect relationships.
- Encourage people to reach out to other people. Some people who have been socially isolated need opportunity, guidance and coaching to assist them in making friends.
- Welcome the people a person with a disability chooses as friends. If the person's choice of a friend conflicts with the person's health and safety interests, respectfully negotiating these situations strengthen the quality of staff relationships with the people they serve.

Council on Quality and Leadership

## **Definitions**

Residential Habilitation Services include the care, skills training and supervision provided to individuals in a non-institutional setting. The degree and type of care, supervision, skills training and support of individuals will be based on the plan and the person's needs. Services include assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Residential Habilitation can be provided in a variety of settings.

### Community Training Home I Model

In the Community Training Home I Model, personalized care, supervision and individualized training are provided, in accordance with a service plan, to a maximum of two people living in a support provider's home where they essentially become one of the family. Support providers are qualified and trained private citizens.

### Community Training Home II Model

The Community Training Home II Model offers the opportunity to live in a homelike environment in the community under the supervision of qualified and trained staff. Care, supervision and skills training are provided according to individualized needs as reflected in the service plan. No more than four people live in each residence.

### Supervised Living Model II

This model is for people who need intermittent supervision and supports. They can handle most daily activities independently but may need periodic advice, support and

supervision. It is typically offered in an apartment setting that has staff available on-site or in a location from which they may get to the site within 15 minutes of being called, 24 hours daily.

#### Supervised Living Model I

This model is similar to the Supervised Living Model II however people generally require only occasional support. It is offered in an apartment setting and staff are available 24 hours a day by phone.

#### Community Residential Care Facility (CRCF)

This model, like the Community Training Home II Model, offers the opportunity to live in the community in a homelike environment under the supervision of qualified, trained caregivers. Care, supervision and skills training are provided according to identified needs as reflected in the service plan. This model is licensed by The South Carolina Department of Health and Environmental Control. *See SC DHEC Regulation Number 61- 84 for specific licensing requirements. Note: The DHEC licensing requirements supersede the requirements of the SCDDSN Residential Habilitation Standards.*

**Program Standards**  
**For**  
**Residential Habilitation**  
**All Models**

	<b>General</b>	<b>Guidance</b>
RH1.0	Residential Habilitation will be provided in accordance with all SCDDSN policies and procedures.	Current policies and procedures are listed in the Appendix to these standards.
RH1.1	Residential Habilitation must be provided in settings that are certified by SCDDSN or licensed by DHEC.	Refer to standards for DDSN Certification and South Carolina Department of Health and Environmental Control Regulations # 61-84.
RH1.2	<p>People's preferences/wishes/desires for how, where and with whom they live are learned from the person:</p> <p>A. Prior to entry into a residential setting; and</p> <p>B. Continuously</p>	<p>The person's preferences must be actively solicited on an on-going basis and results documented in service notes/ residential summary of progress.</p> <p>On-going basis means that at a minimum, on a quarterly basis, service notes/residential summary of progress, should contain documentation that the preferences/wishes/desires for how, where and with whom they live are learned from the person and that those preferences/wishes/desires are acted upon whenever possible within the resources of the person/provider.</p> <p>People who receive residential habilitation should, to the extent of their ability and desire, be afforded the opportunity to have input into the hiring of staff who work directly with them and/or evaluation of staff's performance.</p>
	<b>Residents Rights &amp; Protections</b>	<b>Guidance</b>
RH2.0	<p>People are:</p> <p>a) Informed of their rights;</p> <p>b) Supported to learn about their rights; and</p> <p>c) Supported to exercise their rights.</p>	<p>Rights include: Human rights, Constitutional rights and Civil rights</p> <ul style="list-style-type: none"> <li>• Training includes responsibilities as well as rights.</li> <li>• Each person's right to privacy, dignity and confidentiality in all aspects of life is recognized, respected and promoted.</li> <li>• Personal freedoms, such as the right to make a phone call in private, to decide to have a friend visit, choices as to what to have for a snack, etc. are not restricted without due process.</li> <li>• People are expected to manage their own funds to the extent of their capability.</li> <li>• Due process is upheld, including the Human Rights Committee review of restriction of personal freedoms.</li> <li>• People with limited knowledge and experience receive training and opportunities to explore their individual</li> </ul>

		rights and the responsibilities that accompany them.
RH2.1	People are supported to make decisions and exercise choices regarding their daily activities.	<ul style="list-style-type: none"> <li>• People's schedules of activities are developed in consultation with them and according to their preferences, including but not limited to mealtime, bedtime, menu items, snack choices, restaurant choices, and community activities.</li> <li>• Major changes that affect the person are not made without consultation with them.</li> </ul>
RH2.2	People are free from abuse, neglect and exploitation.	<ul style="list-style-type: none"> <li>• People who receive services are trained on what constitutes abuse and how and to whom to report.</li> <li>• Training is an ongoing process rather than a one time event. On-going process means that information about abuse/neglect is incorporated into all aspects of the training program not a one-time, large group training experience. Ex. Discussed at meetings within residences, "rap sessions", Self-advocates meetings, etc.</li> <li>• People who have experienced abuse receive appropriate physical, emotional and legal follow up.</li> <li>• People are treated with consideration and respect at all times.</li> </ul>
	<b>Participation and Integration</b>	<b>Guidance</b>
RH3.0	People are supported and encouraged to participate and be involved in the life of the community.	<ul style="list-style-type: none"> <li>• People are supported to form and maintain a variety of connections, ties and involvements in the community, such as volunteering, joining clubs, shopping, dining, going to parks, ballgames, church of their choice, etc.</li> <li>• People are given information about opportunities for community participation i.e. people are made aware of community activities such as ballgames, concerts, benefits, etc. and are encouraged to participate in activities that interest them.</li> <li>• Training to participate is provided if needed.</li> </ul>
RH3.1	People are supported to maintain and enhance links with families, friends or other support networks.	<ul style="list-style-type: none"> <li>• Information about the person's family, friends or other support networks is known.</li> <li>• The status of the relationships is known.</li> <li>• The person is supported to maintain contact or to re-establish contact according to his/her wishes within the</li> </ul>



		ability of the Provider's resources.
	<b>HABILITATION</b>	<b>GUIDANCE</b>
RH4.0	Prior to providing Residential Habilitation, a preliminary plan that outlines the care supervision and skills training/interventions to be provided must be developed.	Plan must include essential information to ensure appropriate services and supports are in place to assure health, safety, supervision and rights protection.
RH4.1	At the time of admission, the preliminary plan must be implemented.	Preliminary plan is to be implemented on the day of admission. When assessments are completed and training needs/priorities have been identified, the residential support plan will be completed and will replace the preliminary plan.
RH4.2	<p>The person's interests and life goals are identified with direct input from the person:</p> <p>A. Prior to the development of the plan</p> <p>B. As needed to insure information is current</p>	Actively solicit the person's interests and life goals. This information may be learned in a variety of ways; however the key is to gather this information directly from the person through direct interaction, observations or talking with someone who knows the person best.
RH4.3	<p>A comprehensive functional assessment:</p> <p>A. Is completed prior to the development of the initial plan</p> <p>B. Is updated as needed to insure accuracy</p>	<p>Assessments are individualized based on: gender, choice, ethnic background, physical abilities, adaptive functioning level and chronological age.</p> <p>The assessment supports skills training, care and supervision objectives identified within the person's plan.</p> <p>Training goals will be established based on the person's interests and priorities.</p> <p>Events that may trigger an assessment update may include, but not be limited to: completion of a training objective, failure to progress on a training objective, upcoming annual plan, major change in health/functioning status such as stroke, hospitalization, etc.</p>

RH4.4	<p>A comprehensive functional assessment must identify the abilities/strengths and needs of the person in the following areas:</p> <ul style="list-style-type: none"> <li>a) Self care</li> <li>b) Activities of daily living</li> <li>c) Communication</li> <li>d) Personal Health (including Self administration of med)</li> <li>e) Self-preservation (fire evacuation, severe weather, general safety etc.)</li> <li>f) Self supervision at all times</li> <li>g) Rights</li> <li>h) Personal finances/money</li> <li>i) Community involvement</li> <li>j) Social Network/Family Relationships</li> <li>k) Personal property maintenance/management</li> </ul>	<p>At a minimum, the functional assessment must include all areas listed.</p> <p>Depending on the person's priorities and preferences additional areas may need to be assessed.</p> <p>Assessments must include the need to use, maintain prosthetic/adaptive equipment.</p> <p>Self Care:</p> <ul style="list-style-type: none"> <li>a) Bowel/bladder care</li> <li>b) Bathing/grooming (including ability to regulate water temperature)</li> <li>c) Dressing</li> <li>d) Eating</li> <li>e) Ambulation/Mobility</li> </ul> <p>Personal Health:</p> <ul style="list-style-type: none"> <li>a) Need for professional medical care (how often, what care)</li> <li>b) Ability to treat self or identify the need to seek assistance</li> <li>c) Ability to administer own meds/treatments (routine, time limited, etc.)</li> <li>d) Ability to administer over the counter meds for acute illness</li> <li>e) Ability to seek assistance when needed.</li> </ul> <p>Self Preservation:</p> <ul style="list-style-type: none"> <li>a) Respond to emergency</li> <li>b) Practice routine safety measures</li> <li>c) Avoid hazards</li> <li>d) Manage (use/avoid) potentially harmful household substances</li> <li>e) Ability to regulate water temperature</li> </ul> <p>Self Supervision:</p> <ul style="list-style-type: none"> <li>a) Need for supervision during bathing, dining, sleeping, other times during the day</li> <li>b) Ability to manage own behavior</li> </ul> <p>Rights:</p> <ul style="list-style-type: none"> <li>a) Human – rights established by the United Nations that all people are entitled to by virtue of the fact that they are human. Ex. Life, liberty and security of person, right not to be subjected to torture, etc.</li> </ul>
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		<ul style="list-style-type: none"> <li>b) Civil – rights guaranteed by law. Ex. Americans with Disabilities Act</li> <li>c) Constitutional – rights guaranteed by the Constitution of the United States. Ex., free speech, right to due process, etc.</li> </ul> <p>Personal finances/money: People are expected to manage their own money to the extent of their ability.</p> <p>Community Involvement:</p> <ul style="list-style-type: none"> <li>a) Extent of involvement</li> <li>b) Awareness of community activities</li> <li>c) Frequency</li> <li>d) Type</li> </ul> <p>Social network/family relationships</p> <ul style="list-style-type: none"> <li>a) Family and Friends</li> <li>b) Status of relationships</li> <li>c) Desired contact</li> <li>d) Support to re-establish/maintain contact</li> </ul>
RH4.5	<p>Within 30 days of admission and every 365 days thereafter, a residential plan is developed:</p> <ul style="list-style-type: none"> <li>a) that supports the person to live the way he/she wants to live</li> <li>b) that reflects balance between self determination and health and safety</li> <li>c) that reflects the interventions to be applied.</li> </ul>	<p>“Balancing the Rights of Consumers to Choose with the Responsibility of Agencies to Protect.”</p>
RH4.6	<p>The plan must include:</p> <ul style="list-style-type: none"> <li>a) The type and frequency of care to be provided</li> <li>b) The type and frequency of</li> </ul>	<p>Care: Assistance with or completion of tasks that cannot be completed by the person and about which the person is not being taught (including but not limited to regulation of water temperature, fire evacuation needs, etc.</p> <p>Supervision: Oversight by another provided according to</p>

	<p>supervision to be provided</p> <p>c) The functional skills training to be provided</p> <p>d) Any other supports/interventions to be provided</p> <p>e) Description of how each intervention will be documented.</p>	<p>SCDDSN policy and must be as specific as needed to allow freedom while assuring safety and welfare (including supervision when around water that exceeds 110 degrees F.</p> <p>Functional: Activities/skills/abilities that are frequently required in natural domestic or community environments.</p> <p>Skills training: Should center on teaching the most useful skills/abilities for the person according to their priorities. Every consideration should be given to adaptations that could make the task easier/more quickly learned.</p>
RH4.7	A quarterly report of the status of the interventions in the plan must be completed.	Quarterly summary is routinely shared with the service coordinator.
RH4.8	Residents who attend school are supported as needed to enable them to benefit fully from their school experience.	Support includes but is not limited to helping with homework, assistance to participate in school activities and functions, working in conjunction with school personnel on issues, responding to correspondence from the school. When recipient is a minor, an understanding regarding participation with the guardian must be reached.
RH4.9	<p>The effectiveness of the residential plan is monitored and the plan is amended when:</p> <p>a) No progress is noted on an intervention</p> <p>b) A new intervention, strategy, training or support is identified; or</p> <p>c) The person is not satisfied with the intervention.</p>	<p>Data should be analyzed closely for similarities, variations, and relationships which forms the basis of an interpretation. Data should then be synthesized by comparing, eliminating and merging disparate pieces of information into one coherent whole. Synthesis occurs when all parts are connected or woven around several logical and critical points.</p> <p>Corrective action is taken and recorded when: The plan is not consistently implemented by staff; Inaccuracies are noted in the plan; there is no correlation between recorded data and observed individual performance; the health, safety and welfare of people is not maintained, when the person is not satisfied with the intervention, etc.</p> <p>As a general rule, if no progress has been noted for three (3) consecutive months with no reasonable justification for the lack of progress, the plan must be amended.</p>

	Health	Guidance
RH5.0	People receive coordinated and continuous health care services based on each person's specific health needs, condition, and desires.	<p>Continuous health care includes acute and emergency care.</p> <p>Continuous means through out entire life span.</p> <p>Coordinated means that people have a medical home/primary physician, (unless they choose otherwise) who is aware of their history, medical condition, other health care specialist involved, etc.</p> <p>People actively participate in their health care decisions according to their skills and abilities.</p> <p>People with specific health concerns, such as seizures, people who are prone to aspirate, etc. receive individualized care and follow-up.</p> <p>People are supported to develop/maintain a healthy lifestyle and to engage in wellness activities which may include, but not be limited to: nutrition/ weight management and physical fitness activities through involvement in programs such as Steps To Your Health, YMCA membership, etc.</p> <p>Health conditions such as dysphagia and GERD are ruled out before behaviors such as rumination, intentional vomiting, etc. are addressed behaviorally.</p> <p>People receive a health examination by a licensed physician who determines the need for and frequency of medical care and there is documentation that the physician's recommendations are being followed.</p> <p>The health care received is comparable to any person of the same age, group and sex. i.e. mammogram for females 40 and above, annual pap smears, prostate checks for males over 50, etc.</p> <p>People receive a dental examination by a licensed dentist who determines the need for and frequency of dental care and there is documentation that the dentist's recommendations are being carried out.</p> <p>Staff who support the person have the tools/equipment needed</p>

		and the skills/knowledge to do so appropriately.
RH5.1	The Residential Habilitation provider must have procedures that specify the actions to be taken to assure that <u>within 24 hours</u> following a visit to a physician, Certified Nurse Practitioner (CNP). Or Physician's Assistant (PA) all ordered treatments will be provided.	The procedures must specify the exact steps to be taken and by whom, including but not limited to, specifying to whom orders are to be given upon return from the physician's visit; who is responsible for obtaining medications, supplies or equipment from the pharmacy or other supplier; who is responsible for scheduling follow-up visits, visits to specialist, or visits for further testing; who is responsible for training direct support staff and providing those staff with appropriate written instructions for complying with the orders, etc. The point is that there is a system in place to assure that orders are followed and the specific staff have been assigned and are responsible for specific tasks.
RH5.2	The Residential Habilitation provider must have available at all times a health care professional that can assess a resident's health condition, determine appropriate intervention to be provided, and give specific instruction to staff who will provide the intervention.	The contact information for the health care professional must be posted or easily accessible in all residences. Staff must know how to contact professional and be instructed and encouraged to do so as often as needed. Providers are encouraged to utilize resources effectively and efficiently while assuring that staff has access to a health care professional. This professional may be a nurse hired or contracted by the agency, or a nurse available through a physician's office, or a local "ask-a-nurse" line through a hospital or other health care organization, etc. The source used to provide access to staff is not restricted by this requirement.
RH5.3	Between 24-36 hours after being seen by a physician, Physician's Assistant or Certified Nurse Practitioner for acute care, the person must be evaluated to determine the status of his/her condition.	<p>The evaluation may be done by a staff member who is not a nurse and is not a health care professional. However, the designated staff member may not be a staff person who provides direct support to those who receive residential habilitation services.</p> <p>If the acute care visit is self-initiated or initiated by family members without the knowledge of the residential provider, this requirement would not apply. In these situations, within 24 hours of returning to the setting or learning about the visit, the provider must assure that medications, supplies or equipment needed to comply with the orders from the visit are available in the setting.</p> <p>"Acute" is defined as treatment sought for a brief and severe condition, as opposed to treatment for chronic long term conditions, routine check-ups, or follow-up visits for previously</p>

		<p>diagnosed illnesses. Acute visits are not planned in advance but are in response to a sudden change in condition or an accident, such as a sinus infection, urinary tract infection, the flu, a broken arm, a laceration, etc.</p> <p>To evaluate, the staff member must:</p> <ol style="list-style-type: none"> <li>1. See the person in his/her home.</li> <li>2. Determine if the person's condition has improved, worsened or remained unchanged.</li> <li>3. Review the orders/instructions given as a result of the CNP, PA or physician's visit or discharge from the hospital in order to determine if needed medications, supplies and equipment are available and in sufficient quantity to comply with the orders.</li> <li>4. Determine if staff can competently perform the duties required to comply with the orders. If staff are not observed performing the duties, determine if staff has been given clear and accurate instructions or materials that are easily understood and aid in their ability to competently perform the duties.</li> <li>5. Determine if staff can identify the worsening or lack of improvement of the person's condition or if staff have been given instructions regarding how to identify the worsening or lack of improvement of the person's condition.</li> <li>6. Determine if staff know or have been given specific instructions regarding what to do: <ul style="list-style-type: none"> <li>▪ If the condition worsens or doesn't improve as expected;</li> <li>▪ If they have questions about how to comply with the orders; and/or</li> <li>▪ If they need supplies, equipment, medication in order to comply with the orders.</li> </ul> </li> <li>7. Report immediately (before leaving the residence) to the Executive Director or designee situations in which: <ul style="list-style-type: none"> <li>▪ Medications, supplies and/or equipment are not available;</li> <li>▪ Staff on duty do not appear to be competent to fulfill the orders nor have they been given clear and accurate instructions or materials to aid in the</li> </ul> </li> </ol>
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		<p>competent completion of the duties; and/or</p> <ul style="list-style-type: none"> <li>▪ The person's condition has worsened or has not adequately improved and no action has been taken to address. Following the verbal report, staff must Complete sign and date a report of the evaluation that provides a detailed description of the adverse findings(s) and actions(s) taken.</li> </ul> <p>8. Provide the original report to the Executive Director/designee within 48 hours of the completion or the next business day, whichever is later.</p> <p><b>Note:</b> Any situation reported to the Executive Director/designee as outlined in #7 (above) will be considered an unusual and unfavorable occurrence that has harmful or otherwise negative effects to the person and therefore, must be reported to the Department of Disabilities and Special Needs following the steps outlined in 100-09-DD, Reporting of Critical Incidents.</p>
	<b>DOCUMENTATION</b>	<b>GUIDANCE</b>
RH6.0	<p>Documentation/data must be:</p> <ul style="list-style-type: none"> <li>A. True and accurate;</li> <li>B. Complete;</li> <li>C. Legible;</li> <li>D. Logically sequenced;</li> <li>E. Dated and signed by the person making the entry; along with their title.</li> <li>F. Typed or handwritten in permanent dark ink.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy 167-06-DD <u>Confidentiality of Client Records</u></li> <li>• Policy 368-01-DD <u>Records Management</u></li> <li>• The Health Insurance Portability &amp; Accountability Act of 1996, Public Law 104-191.</li> <li>• Late entries (i.e. notes written into the record more than 24 hours after the activity which is described) must be identified as such.</li> <li>• When errors are made, draw one thin line through the error, write "error" near the original entry, enter the correct information, and add signature/initials and date. The information contained in the error must remain legible. No correction fluid, tape or erasable ink may be used;</li> </ul>





## **Residential Certification Standards**

## **Community Training Homes Models I & II**

	Safety	Guidance
CTH 1.0	<p>Community Training Homes must pass a fire safety inspection by the State Fire Marshal's Office:</p> <ul style="list-style-type: none"> <li>a) Prior to the home being certified by DDSN</li> <li>b) Annually</li> <li>c) Following major structural changes to the home.</li> </ul>	<p>See fire code requirements at <a href="http://www.llr.state.sc.us/firemarshal.asp">http://www.llr.state.sc.us/firemarshal.asp</a></p> <p>Manufactured or mobile homes may be used only for homes licensed and/or certified as a Community Training Home I when serving two or less consumers.</p> <p>All homes must have an operable telephone.</p> <p>A community training home II must have a "Type 13" sprinkler system installed when four residents are unable to exit independently within 3 minutes of a fire drill.</p> <p>CTH II must have emergency lights that can generate at least 8 watts/6 volts.</p> <p>If a receptacle exists within six feet of a sink, it must be a GFI electrical receptacle.</p> <p>State Fire Marshal Inspection report is maintained by the provider.</p>
CTH 1.1	Community Training Homes must have operable smoke detectors.	Smoke detectors must be located every 30 feet in hallways and in all sleeping rooms of the home.
CTH 1.2	Community Training Homes must have a carbon monoxide detector when fuel burning appliances are used in the home.	Must have at least one operable carbon monoxide detector. Fuel burning appliances: gas stove, gas dryer, oil furnace, gas logs, etc.
CTH 1.3	Cooking areas of Community Training Homes must have at least one fire extinguisher.	Extinguisher must meet minimum Classification of 2A:10BC
CTH 1.4	Community Training Homes must have a fire evacuation plan that is practiced.	<p>Plan must include actions to be taken by household members in the event of a fire.</p> <p>Emergency phone numbers must be readily accessible.</p> <p>Fire drills must be conducted for: CTH II : Quarterly and must include at least one drill per work shift within a given year, during normal sleeping hours, weekends, using alternate routes of egress.</p>

		<p>CTH I: Annually</p> <p>Records of the drill must be maintained on site and must give the date, time, description and evaluation of the drill. Evacuation times must be recorded for each person individually.</p> <p>Newly admitted residents must be familiarized with the fire evacuation plan on the day of admission.</p> <p>A fire drill must be done within 24 hours of a new admission.</p>
CTH 1.5	<p>All homes serving children must be certified by DDSN:</p> <ul style="list-style-type: none"> <li>a) Prior to the initial admission of a child</li> <li>b) Annually</li> <li>c) After structural changes are made to the home.</li> </ul>	<p>Child = a resident 17 years of age or younger</p> <p>The certification is not transferable from either the address or family specified on the license.</p>
CTH 1.6	<p>All homes serving adults must be certified by DDSN:</p> <ul style="list-style-type: none"> <li>a. Prior to the initial admission of a consumer</li> <li>b. Every third year</li> <li>c. After structural changes are made to the home</li> </ul>	<p>CRCF must be licensed by DHEC</p> <p>Adult=consumer 18 years of age or older.</p>
CTH 1.7	<p>Community Training Homes must pass an electrical inspection conducted by a licensed electrician:</p> <ul style="list-style-type: none"> <li>a) Prior to the home being certified by DDSN to operate; and</li> <li>b) After major structural changes are made to the home</li> </ul>	<p>“Pass” requires that the home’s electrical system is in good working order and does not jeopardize the health and safety of people living there.</p> <p>Documents must be available to verify the date and results of the inspection, as well as the inspector’s license number.</p>

CTH 1.8	<p>Community Training Homes must pass a heating, ventilation and air-conditioning inspection conducted by a licensed inspector:</p> <ul style="list-style-type: none"> <li>a) Prior to the home being certified by DDSN to operate; and</li> <li>b) After major structural changes are made to the home.</li> </ul>	<p>“Pass” requires that the HVAC is in good working order and: heating equipment must be capable of maintaining a room temperature of not less than 68 degrees Fahrenheit throughout the home. Cooling equipment must be capable of maintaining a room temperature of not more than 75 degrees Fahrenheit through the home.</p> <p>Documents must be made available to verify the date and results of the inspection.</p>
CTH 1.9	<p>When not on a public water line, Community Training Homes must pass a water quality inspection conducted by the Department of Health &amp; Environmental Control prior to the home being certified by DDSN to operate; as indicated:</p> <ul style="list-style-type: none"> <li>A. A bacteria, and metal/mineral analysis must be performed prior to being licensed;</li> <li>B. As needed when changes in taste, color or odor are present; and</li> <li>C. A bacteria analysis must be performed annually.</li> </ul>	<p>Providers must request an inspection from their county DHEC Office.</p> <p>The DHEC inspection report is maintained by the Provider.</p>
CTH 1.10	<p>All homes serving children must pass a health &amp; sanitation inspection conducted by the Department of Health &amp; Environmental Control</p> <ul style="list-style-type: none"> <li>a) Prior to the home being licensed</li> <li>b) CTH I – as needed thereafter CTH II - annually</li> </ul>	<p>Pass = no citation that will jeopardize the health and safety of residents and care providers</p> <p>Documents must be available to verify the date and results of the inspection.</p> <p>Child = 17 years of age or younger</p>

CTH 1.11	Prior to being licensed, all homes built before 1978, must pass a lead-paint risk assessment conducted by the Department of Health & Environmental Control when serving children less than six (6) years of age.	<p>Pass=no citation that will jeopardize the health and safety of consumers and care providers.</p> <p>Documents must be available to verify the date in which the home was built as well as results of the assessment.</p>
	<b>Home Environment</b>	<b>Guidance</b>
CTH 2.0	<p>Community Training Homes must have a standard first-aid kit that is:</p> <ol style="list-style-type: none"> <li>Readily accessible.</li> <li>Well stocked for the number of people living in the home.</li> </ol>	<ul style="list-style-type: none"> <li>Contents recommended by the American Red Cross for a standard kit: 3/4" x 3" standard adhesive bandages; mini bandages; 2" x 2" sterilized gauze pads; 1" x 5 yards self-adherent wrap; triple antibiotic ointment; providone-iodine antiseptic/germicide swabs; alcohol prep pads;</li> <li>Readily accessible means accessible to all residents/staff of the home</li> </ul>
CTH 2.1	All Community Training Homes must have a flashlight on site for each level of the home.	<p>Flashlight must be readily accessible and operable.</p> <p>Level = floor</p>
CTH 2.2	<p>Bedrooms must have:</p> <ol style="list-style-type: none"> <li>At least 100 square feet for a single occupancy, or 160 square feet for a double occupancy;</li> <li>A comfortable bed, pillow, and linen appropriate to the climate;</li> <li>Operable lighting;</li> <li>Operable window; and</li> <li>Sufficient lockable and non-lockable storage space.</li> </ol>	<p>The person's bedroom must not be a detached building, unfinished attic or basement, hall, or room commonly used for other than bedroom purposes.</p> <p>Maximum of two (2) people per bedroom, with at least 3 feet between beds</p>
CTH 2.3	The Community Training Home I must have one lavatory, toilet and shower/bathtub for every six household members.	

CTH 2.4	Community Training Homes must be open to the resident at all times.	Support Providers may/should be given a break but residents must be allowed to remain in their home. Residents will not be expected to leave during support providers breaks/vacations/holidays.
CTH 2.5	One support provider in the Community Training Home I may provide services to no more than two people.	Bed capacity may be increased to a maximum of three beds if: the support provider has satisfactorily provided services and supports for two consumers for at least six months.  An exception to standard must be approved by DDSN prior to the increase in bed capacity.
CTH 2.6	Hot water temperature in CTH homes:  a) Must be no less than 100 degrees Fahrenheit. b) Must never be more than 120 degrees Fahrenheit.	Water regulating skills of all persons living in the home who receive services must be assessed and appropriate training implemented.  Providers should routinely check the water temperature and keep documentation of checks and necessary actions on site.
CTH 2.7	All Community Training Homes must be:  a) Free from obvious hazards b) Clean c) Free of litter/rubbish d) Free of offensive odors e) Equipment in good working order	Litter/rubbish contained in covered cans or tied in garbage bags.  No evidence of pests/ vermin.  Offensive odors – smell of urine, rotting food  Household cleaning agents are kept in secure locations and away from food and medications.  Based on the discretion of the provider or landlord, pets may be allowed if: vaccinations are current; proper care is provided; no signs of potential risks are assessed.
CTH 2.8	Unless contraindicated by assessment data, each resident must be provided with a key to his/her bedroom.	Contraindications may include but not be limited to: no desire for a key to bedroom, inability to use a key due to physical limitations, behavioral issues, etc.  Note: If a resident desires a key and conditions exist that contraindicate this, review by the Human Rights Committee must occur.  Residents are provided one key. Provider must have a policy regarding lost keys and replacement keys.



CTH 2.9	Unless contraindicated by assessment data each resident must be provided a key to the house.	<p>Contraindications may include but not be limited to: no desire for a key, inability to keep key secure, etc.</p> <p>Note: If a resident desires a key and conditions exist that contraindicate this, review by the Human Rights Committee must occur.</p> <p>Residents are provided one key. Provider must have a policy to address replacement of lost keys, etc.</p>
	<b>Emergency Preparedness</b>	<b>Guidance</b>
CTH 3.0	The provider will have a disaster preparedness plan that is practiced at least annually by all household residents with results documented.	<p>The plan will include:</p> <ol style="list-style-type: none"> <li>All disasters likely to occur in the area of the home.</li> <li>Evacuation destination that has been determined to best accommodate the Resident's needs.</li> <li>Mode of transportation to the evacuation destination</li> <li>Person who will be responsible in the event that the primary caregiver is incapacitated.</li> </ol> <p>Documented results will include any problems met and a resolution plan.</p>
	<b>Health Services</b>	<b>Guidance</b>
CTH 4.0	Medications must be kept under proper conditions.	In a secure and sanitary area with proper temperature, light, humidity and security.
CTH 4.1	<p>Medications and/or treatments must be administered by:</p> <ul style="list-style-type: none"> <li>Licensed nurse, or</li> <li>Unlicensed staff as allowed by law or</li> <li>The resident for whom the medication is</li> </ul>	Unlicensed staff as allowed by law :As a result of a provision contained in the 2002-2003 Budget Bill, H.4878-Part 1B, 11.10, the General Assembly of the State of South Carolina granted to the Department of Disabilities and Special Needs (DDSN) the statutory authority for selected unlicensed persons to administer medications to DDSN consumers in community settings. This provision does not apply to a facility licensed as a habilitation center for people with mental retardation (i.e., ICFs/MR) either at

	prescribed when he/she is assessed as independent.	the regional centers or in the community. Furthermore, with regard to injectable medications, this authority only applies to “regularly scheduled insulin and prescribed anaphylactic treatments under established medical protocol and does not include sliding scale insulin or other injectable medications.”
CTH 4.2	Orders for new medications and/or treatments must be filled and given within 24 hours unless otherwise indicated.	If orders are given as the result of a self initiated or family initiated physician, PA or CNP visit, orders must be filled and given within 24 hours of learning about the visit.
CTH 4.3	Changes to medication or treatment regimes must be made within 24 hours of ordered change unless otherwise indicated.	If orders are changed as the result of a self initiated or family initiated physician, PA or CNP visit, orders must be changed within 24 hours of learning about the visit.
CTH 4.4	Medications must be safely and accurately given.	<ul style="list-style-type: none"> <li>• Medication has not expired.</li> <li>• There are no contraindications i.e. no allergy for the drug</li> <li>• Administered at: proper time prescribed dosage correct route</li> </ul>
CTH 4.5	<p>For residents not independent in taking their own medication/treatments, a medication/treatment log must be maintained to denote:</p> <ul style="list-style-type: none"> <li>a) The name of medication or type of treatment given</li> <li>b) The current physician’s order (and purpose) for the medication and/or treatment</li> <li>c) The name of person giving the medication</li> <li>d) Time given</li> <li>e) Dosage given</li> </ul>	<p>The medication log must be reviewed at a minimum, monthly. If the reviews indicate error, actions must be taken to alleviate future errors.</p> <p>Entries must be made at the time the medication/treatment was given.</p> <p>Medication includes over-the-counter medications.</p>

CTH 4.6	Outdated medications and discontinued medications are disposed of per Provider policy.	
CTH 4.7	<p>People are encouraged to eat a nourishing, well balanced diet which:</p> <ul style="list-style-type: none"> <li>• Includes personal food preferences</li> <li>• Allows desirable substitutions</li> </ul>	<p>Diet is based on accepted, recognized dietary guidelines such as the Food Pyramid and/or the physician's recommendation, DDSN Diet Manual, etc.</p> <p>People are involved in meal planning, grocery shopping and preparation to the extent of their abilities.</p>
	<b>Personal Funds &amp; Property</b>	<b>Guidance</b>
CTH 5.0	Assistance to manage personal funds is provided in accordance with DDSN policy.	<ul style="list-style-type: none"> <li>• People who are capable of managing their own funds will do so.</li> <li>• 200-12-DD <u>Management of Funds for Individuals Participating in Community Residential Programs</u></li> </ul>
CTH 5.1	Assistance is provided as needed to acquire, maintain and dispose of personal possessions.	Assistance may include an inventory of items on a specified basis in order to limit loss, asset specific training, etc.
	<b>Staff</b>	<b>Guidance</b>
CTH 6.0	Support providers must meet requirements for criminal background checks.	<p>Requirements include:</p> <p>For CTH II serving children or adults and CTH I serving adults: Within six months prior to employment, checks must include: SLED, DSS Child Abuse &amp; Neglect Central Registry; SLED Sex Offender Registry; Driver's License checks (if duties require transport of consumers). The Provider must have a policy in place regarding periodic re-checks.</p> <p>For CTH I serving children: Within 3 months prior to employment, initial checks must include: FBI; SLED; DSS Child Abuse &amp; Neglect Central Registry; SLED Sex</p>

		<p>Offender Registry; Driver's License checks (if duties require transport of children). SLED checks must be repeated annually. Provider must have a policy in place regarding periodic re-checks.</p> <p>Checks should be done in accordance with South Carolina State Code of Laws: Article 23 Section 44-7-2910</p> <p>No support provider may be employed who has been convicted, pled guilty or nolo contendere to:</p> <ol style="list-style-type: none"> <li>1. Abuse, neglect or mistreatment of a consumer in any health care setting;</li> <li>2. An "Offense Against the Person" as provided for in Chapter 3, Title 16;</li> <li>3. An "Offense Against Morality or Decency" as provided for in Chapter 15, Title 16;</li> <li>4. Contributing to the delinquency of a minor as provided for in Section 16-17-490</li> <li>5. The common law offense of assault and battery of a high and aggravated nature;</li> <li>6. Criminal domestic violence, as defined in Section 16-25-20</li> <li>7. A felony drug-related offense under the laws of this state; and</li> <li>8. A person who has been convicted of a criminal offense similar in nature to a crime previously enumerated when the crime was committed in another jurisdiction or under federal law; has a substantiated history of child abuse and/or neglect and/or convictions of those crimes listed in SC Code 20-7-1642 and/or is listed on the SC Sex Offender Registry</li> </ol>
CTH 6.1	<p>The provider must designate a staff member who is responsible for developing and monitoring the person's residential plan and who meets the following qualifications:</p> <ol style="list-style-type: none"> <li>a) A bachelors degree in human services from an accredited college or university;</li> <li>b) Is at least 21 years of age;</li> <li>c) Has at least one year</li> </ol>	<p>"Human Services" = human behavior (e.g., psychology, sociology, speech communication, gerontology etc.), human skill development (e.g., education, counseling, human development), humans and their cultural behavior (e.g., anthropology), or any other study of services related to basic human care needs (e.g., rehabilitation counseling), or the human condition (e.g., literature, the arts). The provider can exercise wide latitude of judgment to determine what constitutes "human services". The key concern is the demonstrated competency to do the job.</p>

	of experience (e.g., paid or voluntary) working directly with persons with mental retardation or other related disabilities.	
CTH 6.2	Support providers must be at least eighteen 18 years of age and have a high school diploma or its equivalent.	<p>When a high school diploma or its equivalent is a result of a correspondence program or distance/on-line learning program, it may only be used when the school or entity is approved by a local board of school trustees from the state in which the diploma or its equivalent was issued.</p> <p>A South Carolina high school certificate is not equivalent to a high school diploma.</p>
CTH 6.3	Support providers must pass an initial physical exam prior to working in the home.	Pass = No documentation in the physical exam report of conditions present that would jeopardize health and safety of people receiving services or staff's ability to perform required duties.
CTH 6.4	Support providers must pass initial tuberculosis screening prior to working in the home and annually thereafter.	<p>Pass = no evidence of communicable disease</p> <p>Meet requirements of 603-06-DD</p>
CTH 6.5	Support providers must trained and be deemed competent in accordance with Policy 567-01-DD.	Policy 567-01-DD <u>Preservice Training and Orientation</u>
CTH 6.6	<p>Community Training Homes I adult household members must meet the following requirements:</p> <ul style="list-style-type: none"> <li>a) Appropriate background checks</li> <li>b) Initial health exam conducted by a licensed physician, physician's assistant or Certified Nurse Practitioner</li> <li>c) Tuberculosis screening initially and annually per</li> </ul>	<p>Household member = an individual 18 years of age or older who resides in the Community Training Home I Residence.</p> <p>Appropriate background checks: SLED, SLED Sex Offender check, SC Central Registry of Child Abuse &amp; Neglect check. FBI checks if the home serves children.</p> <p>Checks must be conducted prior to the home being licensed, prior to providing services, before moving into a certified CTH I</p> <p>No household member aged 18 or older who has been</p>

	DDSN Policy 603-06-DD.	<p>convicted, pled guilty or nolo contendere to the following charges may live in a CTH I:</p> <ol style="list-style-type: none"> <li>1. Abuse, neglect or mistreatment of a consumer in any health care setting;</li> <li>2. An “Offense Against the Person” as provided for in Chapter 3, Title 16;</li> <li>3. An “Offense Against Morality or Decency” as provided for in Chapter 15, Title 16;</li> <li>4. Contributing to the delinquency of a minor as provided for in Section 16-17-490</li> <li>5. The common law offense of assault and battery of a high and aggravated nature;</li> <li>6. Criminal domestic violence, as defined in Section 16-25-20</li> <li>7. A felony drug-related offense under the laws of this state;</li> <li>8. A person who has been convicted of a criminal offense similar in nature to a crime previously enumerated when the crime was committed in another jurisdiction or under federal law; has a substantiated history of child abuse and/or neglect and/or convictions of those crimes listed in SC Code 20-7-1642 and/or is listed on the SC Sex Offender Registry</li> </ol>
CTH 6.7	Adult household members residing in the CTH I may provide supervision in the absence of the support provider in accordance with a plan sanctioned by the person’s residential coordinator or service coordinator.	<p>Household member must not provide supervision for extended periods of time. The intent is to allow the primary support provider occasional opportunities to run urgent errands such as pick up medication, or sick visits to their doctor.</p> <p>Household member must be at least 18 years of age.</p> <p>Household member must be capable of providing the supervision necessary specific to the person.</p> <p>Household member must be capable of handling emergencies that may arise.</p> <p>Plan must include: the maximum period of time that primary caregiver may be absent, allowable frequency of absences, permissible reasons for absences and duties household member is allowed to perform in the primary caregiver’s absence. If allowable duty involves transporting the resident, a driver’s license check must be done on the household member before the transportation occurs.</p>

	Reporting	Guidance
CTH 7.0	Reporting requirements are performed correctly.	<ul style="list-style-type: none"> <li>• DDSN Finance Manual, Section 10.1</li> <li>• Policy 100-09-DD <u>Reporting of Critical Incidents</u></li> <li>• Policy 505-02-DD <u>Death or Impending Death of Persons Receiving Services</u></li> <li>• Policy 250-02-DD <u>Community Financial Reporting Requirements</u></li> <li>• Policy 534-02-DD <u>Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contract Provider Agency</u></li> </ul>

## **Supported Living Models I & II**



	Environment	Guidance
SL 1.0	Supported Living settings must afford residents basic comfort.	<p>Setting must have:</p> <ul style="list-style-type: none"> <li>• Working sink with hot (between 100 – 130 degrees F) and cold running water.</li> <li>• Operable heat</li> <li>• Operable electricity</li> <li>• Working tub/shower with hot (between 100 – 130 degrees F) and cold running water.</li> <li>• At least one bed with mattress and bedding for every resident (unless a married couple choose to share a bed)</li> <li>• A working toilet</li> </ul>
SL 1.1	Supported living settings must afford resident's basic safety.	<p>Setting must have:</p> <ul style="list-style-type: none"> <li>• Smoke detector for each level</li> <li>• Carbon Monoxide detector if fuel burning appliances are used</li> <li>• Lockable exterior doors and windows</li> <li>• A working telephone</li> <li>• Be free from obvious hazards</li> <li>• Be sanitary</li> </ul>
SL 1.2	Supported living settings must have sufficient space for privacy.	When occupied by more than one resident the setting must afford each resident sufficient space and opportunity for privacy including bathing/toileting facilities behind a lockable door, lockable doors on bedroom/sleeping quarters and lockable storage.
SL1.3	<p>Supported Living Settings must pass a fire safety inspection by the State Fire Marshal's Office:</p> <ul style="list-style-type: none"> <li>d) Prior to the home being certified by DDSN</li> <li>e) Annually</li> <li>f) Following major structural changes to the home.</li> </ul>	<p>See fire code requirements at <a href="http://www.llr.state.sc.us/firemarshal.asp">http://www.llr.state.sc.us/firemarshal.asp</a></p>

	<b>Emergency Preparedness</b>	<b>Guidance</b>
SL2.0	The Provider has a disaster preparedness plan which is practiced at least annually by residents and staff and results documented.	Policy 100-25-DD <u>Disaster Preparedness Plan</u>  Documented results will include any problems and a plan to correct them.
SL 2.1	All supported Living residents must have a fire evacuation plan that is: <ul style="list-style-type: none"> <li>• Practiced monthly until they demonstrate competence.</li> <li>• Practiced annually thereafter.</li> </ul>	Plan must include:  Actions to be taken in the event of a fire.  Evacuation route.  Newly admitted residents must be familiarized with the fire evacuation plan within 24 hours of admission.  Records of the drills must be kept on file.
SL 2.2	Support providers must have a standard First Aid Kit that is: <ul style="list-style-type: none"> <li>A. Readily accessible</li> <li>B. Well stocked for the numbers of people supported.</li> </ul>	Recommended contents by American Red Cross: 3/4" x 3" standard adhesive bandages; mini bandages; 2" x 2" sterilized gauze pads; 1" x 5 yards self-adherent wrap; triple antibiotic ointment; providone-iodine antiseptic/germicide swabs; alcohol prep pads;
	<b>Health</b>	<b>Guidance</b>
SL 3.0	Medications are stored safely in the resident's apartment unless contraindicated.	Medications not in the person's apartment will be stored in a locked location under proper conditions (i.e. sanitation, temperature, light, humidity, and security).
SL 3.1	For people not independent in self-administration of medication, staff maintain a log to denote:  Name of medication given Name of staff administering medication	Log must be reviewed monthly for accuracy and completeness. If errors are noted, actions must be taken to alleviate future errors  Over the counter medications should also be recorded.

	Time and date the medication was given Dose administered	
SL 3.2	Medications are administered safely and accurately.	<ul style="list-style-type: none"> <li>• Medication has not expired.</li> <li>• There are no contraindications i.e. no allergy for the drug</li> <li>• Administered at: proper time prescribed dosage correct route</li> </ul>
SL 3.3	Orders for new medications and/or treatments must be filled and given within 24 hours unless otherwise indicated.	If orders are given as the result of a self initiated or family initiated physician, PA or CNP visit, orders must be filled and given within 24 hours of learning about the visit.
SL 3.4	Changes to medication or treatments regimes must be made within 24 hours of ordered change unless otherwise indicated.	If changes are made as the result of a self initiated or family initiated physician, PA or CNP visit, orders must be filled and given within 24 hours of learning about the changes.
	<b>Staff</b>	<b>Guidance</b>
SL 4.0	<p>Prior to providing services support providers must pass the following criminal background checks:</p> <ul style="list-style-type: none"> <li>A. South Carolina State Law Enforcement Department check;</li> <li>B. South Carolina State Law Enforcement Department Sexual Offender check; and</li> <li>C. South Carolina Department of Social Services Central Registry of Child Abuse &amp; Neglect check.</li> <li>D. Driver's license checks if the duties of the job require transportation of people receiving services.</li> </ul>	<p>South Carolina Code of Law Section 44-7-2929 Article 23</p> <p>The Provider must have a policy in place regarding periodic re-checks.</p> <p>No person (staff, coordinator) may be employed in a residential setting, who has been convicted, pled guilty or nolo contendere to:</p> <ul style="list-style-type: none"> <li>• Abuse, neglect or mistreatment of a consumer in any health care setting;</li> <li>• An "Offense Against the Person" as provided for in Chapter 3, Title 16;</li> <li>• An "Offense Against Morality or Decency" as provided for in Chapter 15, Title 16;</li> <li>• Contributing to the delinquency of a minor as provided for in Section 16-17-490</li> <li>• The common law offense of assault and battery of a high and aggravated nature;</li> <li>• Criminal domestic violence, as defined in Section 16-25-20</li> <li>• A felony drug-related offense under the laws of this state; and</li> </ul>

		<ul style="list-style-type: none"> <li>A person who has been convicted of a criminal offense similar in nature to a crime previously enumerated when the crime was committed in another jurisdiction or under federal law; has a substantiated history of child abuse and/or neglect and/or convictions of those crimes listed in SC Code 20-7-1642 and/or is listed on the SC Sex Offender Registry</li> </ul>
SL 4.1	Support Providers must be at least eighteen (18) years of age and have a high school diploma or its equivalent.	<p>When a high school diploma or its equivalent is a result of a correspondence program or distance/on-line learning program, it may only be used when the school or entity is approved by a local board of school trustees from the state in which the diploma or its equivalent was issued.</p> <p>A South Carolina high school certificate is not equivalent to a high school diploma.</p>
SL 4.2	Support providers must pass an initial physical exam prior to working in the residence.	Pass = No documentation in the physical exam report of conditions present that would jeopardize health and safety of people receiving services or staff's ability to perform required duties.
SL 4.3	Support providers must pass initial tuberculosis screening prior to working in the residence and annually thereafter.	<p>Pass = no evidence of communicable disease</p> <p>Meet requirements of 603-06-DD</p>
SL 4.4	Support providers must be provided training and be deemed competent in accordance with Policy 567-03-DD.	Policy 567-03-DD <u>Community-Based Training Programs.</u>
SL 4.5	Minimum Support Provider to resident ratio is 1:20	
SL 4.6	All Supported Living providers must designate a staff member who is responsible for developing and monitoring the person's residential plan and who meets the following	"Human Services" = human behavior (e.g., psychology, sociology, speech communication, gerontology etc.), human skill development (e.g., education, counseling, human development), humans and their cultural behavior (e.g., anthropology), or any other study of services related to basic

	<p>qualifications:</p> <p>A. bachelors degree in human services from an accredited college or university;</p> <p>B. Is at least 21 years of age;</p> <p>C. Has at least one year of experience (e.g., paid or voluntary) working directly with persons with mental retardation or other related disabilities; and</p>	<p>human care needs (e.g., rehabilitation counseling), or the human condition (e.g., literature, the arts). The provider can exercise wide latitude of judgment to determine what constitutes “human services”. The key concern is the demonstrated competency to do the job.</p>
SL 4.7	Sufficient staff must be available 24 hours daily to respond to the needs of the residents and implement their programs.	<p>For SLP II, available means that staff must be on site or be able to reach the site within 15 minutes.</p> <p>For SLP I, available means available by phone 24 hours daily, 7 days a week.</p>
	<b>Reporting</b>	<b>Guidance</b>
SL 5.0	Reporting requirements are performed correctly.	<ul style="list-style-type: none"> <li>• Policy 534-02-DD <u>Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contract Provider Agency</u></li> <li>• DDSN Finance Manual, Section 10.1 for Community Training Homes II.</li> <li>• Policy 100-09-DD <u>Reporting of Critical Incidents</u></li> <li>• Policy 505-02-DD <u>Death or Impending Death of Persons Receiving Services</u></li> </ul>

## **Appendix**

### **Additional Guidance**

All homes must be in compliance with all applicable DDSN contracts, policies, procedures, and standards and applicable federal, state and local laws.

### **Resident's Rights and Protections**

<u><a href="#">100-17-DD</a></u>	Family Involvement
<u><a href="#">167-06-DD</a></u>	Confidentiality of Client Records
<u><a href="#">510-01-DD</a></u>	Consumer Accountability
<u><a href="#">535-02-DD</a></u>	Human Rights Committee
<u><a href="#">535-07-DD</a></u>	Obtaining Consent for Minors and Adults
<u><a href="#">535-08-DD</a></u>	Consumer Concerns/Complaints Reporting Procedures
<u><a href="#">535-10-DD</a></u>	Implementation of National Voter Registration Act
<u><a href="#">535-11-DD</a></u>	Internal Grievance/Appeal Procedures for Applicants and Service Recipients

The Health Insurance Portability & Accountability Act of 1996, Public Law 104-191  
<http://www.hipaa.state.sc.us/>

SC Code of Laws 44-26-10 to 44-26-220 Rights of Mentally Retarded Clients  
<http://www.scstatehouse.net> Search under category "code of laws".

Compliance with Title VI of the Civil Rights Act of 1964, American's with Disabilities Act of 1990, Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973 and Establishment of a Complaint Process (Cross reference [DDSN Policy 700-02-DD](#))

## **Personal Funds & Property**

- [200-12-DD](#) Management of Funds for Individuals Participating in Community Residential Programs
- [604-01-DD](#) Individual Clothing and Personal Property

## **Health**

- [100-29-DD](#) Medication Error/Events Reporting
- [100-12-DD](#) Aides Policy
- [533-02-DD](#) Sexual Assaults, Prevention, Incident Procedures, Follow Up
- [603-01-DD](#) Tardive Dyskinesia Monitoring
- [603-06-DD](#) Guidelines for Screening for Tuberculosis
- [603-13-DD](#) Medication Technician Certification
- [604-04-DD](#) Certification in First Aid and Cardiopulmonary Resuscitation

Health Care Guidelines

Medication Administration

## **Behavior**

- [600-05-DD](#) Behavior Support Plans
- [101-02-DD](#) Preventing and Responding to Suicidal Behavior

## **Reporting**

- [100-09-DD](#) Critical Incident Reporting
- [534-02-DD](#) Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation Of People Receiving Services from DDSN or a Contract Provider Agency
- [368-01-DD](#) Individual Service Delivery Records Management
- [505-02-DD](#) Death or Impending Death of Persons Receiving Services From DDSN

Finance Manual, Sections 10.1 & 10.7

## **Certification and Licensure**

- [104-01-DD](#) SCDDSN Certification & Licensure of Residential and Day Facilities
- [167-01-DD](#) Appeal Procedure for Licensed Programs Serving Persons with Mental Retardation

## **Staff**

<u>567-01-DD</u>	Preservice Training Requirements and Orientation
<u>567-02-DD</u>	Policy on Preventing and Responding to Aggression (PRA) and the Approval of Alternative Techniques or Curriculum

Criminal Record Checks of Direct Care Staff SC Code of Law Section 44-7-2910 Article 23

## **General**

<u>100-25-DD</u>	Disaster Preparedness Plan for DSN and Other Agencies Providing Services to Persons with Disabilities and Special Needs
<u>100-26-DD</u>	Risk Management Program
<u>502-01-DD</u>	Admissions/Discharge of Individuals To/From DDSN Funded Community Residential Placements

HCB Medicaid Wavier Manual

Omnibus Adult Protection Act - Section 43-35-10, et seq.

Department of Housing & Urban Development (HUD) <http://www.hud.gov>

Occupational Safety and Health Program (OSHA) <http://www.llr.state.sc.us/osha.asp>

## **Fire Marshall Inspections**

Requests must be made at least ninety (90) days in advance using the following protocol:

- Step 1. Go to [www.llr.state.sc.us/fmarshal/](http://www.llr.state.sc.us/fmarshal/)
- Step 2. Select "Interagency Online Inspection Request Form"
- Step 3. Enter password "america" in small caps;
- Step 4. Select "Request for Inspection - Other" for Residential
- Step 5. Fill out all sections of the request
- Step 6. Submit the request